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HISPANIC/LATINOS AND TOBACCO REPORT



The National Latino Tobacco Control Network (NLTCN) recognizes that the burden of tobacco addiction has taken its toll on Hispanic/Latino communities. The purpose of this report is to shed light on the prevalence of tobacco use among Hispanic/Latino adults, smoking trends, patterns, and recommendations for action.

This is the first of several reports that will be produced by NLTCN which will be useful resources for agencies, tobacco control advocates and researchers who are working on tobacco control initiatives in the Hispanic/Latino community.

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HISPANIC/LATINOS AND TOBACCO REPORT

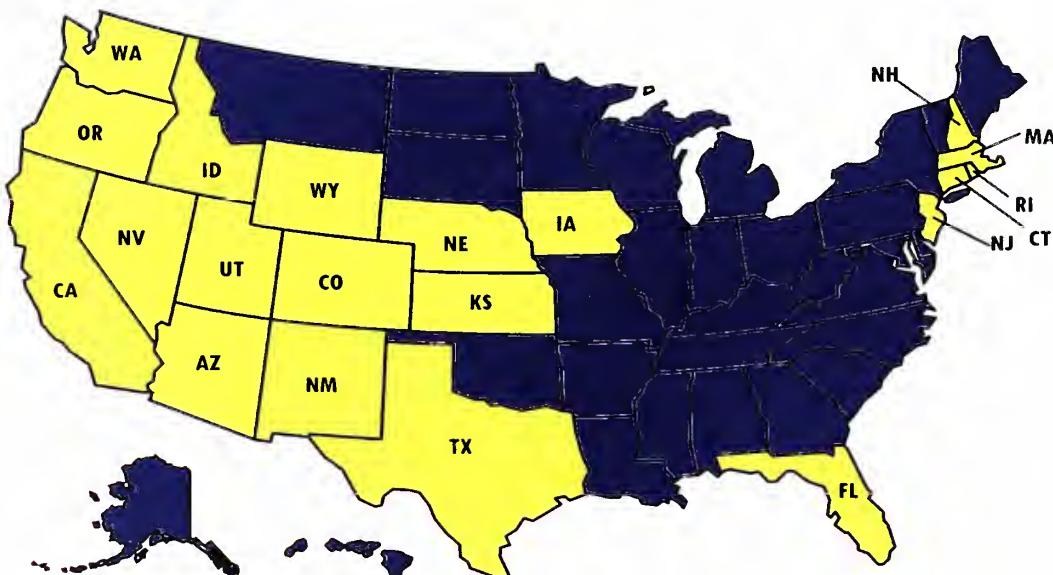
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Demographics

According to the U.S. Census Bureau, as of July 2007, there were 45.5 million Hispanic/Latinos living in the U.S. Hispanic/Latinos constitute 15% of the nation's total population.¹ New Mexico is the state with the highest Hispanic/Latino population (44%) followed by California and Texas, at 36% each, Arizona (30%) and Nevada (25%) (Figure 1).² The Hispanic/Latino population is

Figure 1

Twenty States Where Hispanic/Latinos are the Largest Minority



moving to states where traditionally they had not settled (Figure 2).³ Hispanic/Latinos are already the nation's largest minority group. If this population continues to grow at the same rate by 2050 it is projected that Hispanic/Latinos will represent 29% of the total population while the non-Hispanic white population will decrease to 47% by 2050 compared to 65% in 2005.⁴

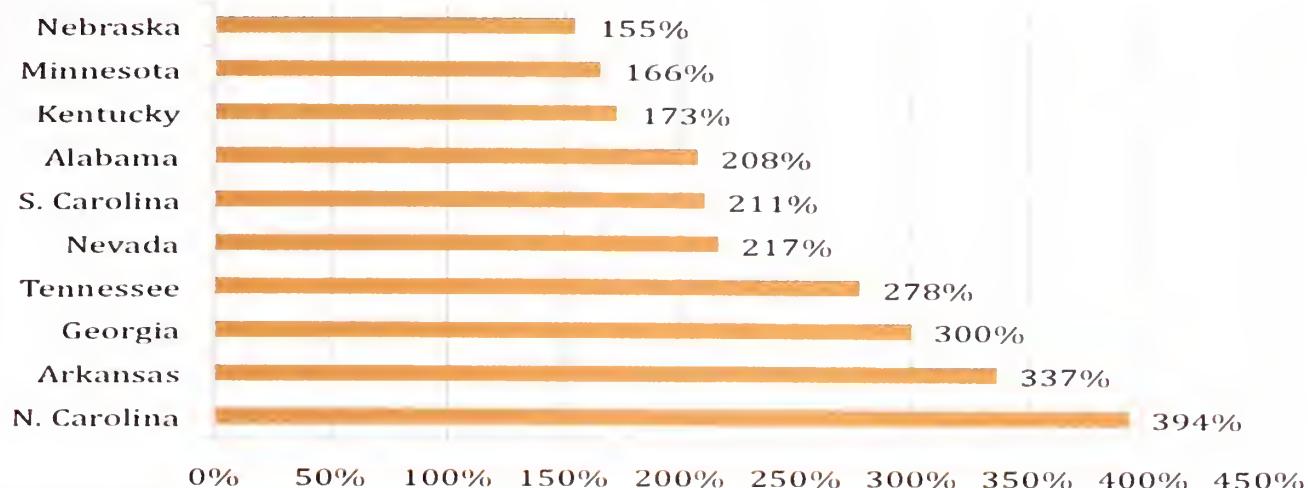
The latest U.S. Census figures indicate that there are 3.9 million Hispanic/Latino US citizens living in Puerto Rico.⁵ In addition, some 3.9 million Puerto Ricans live in the other states, equal to the population of the island itself.

Sixty-four percent of Hispanic/Latinos in the United States are of Mexican background. Another 9% are of Puerto Rican, with 3.4% Cuban, 3.1% Salvadoran and 2.8% Dominican. The remaining percentages (17.7%) of the Hispanic/Latino population are comprised of some other Central American, South American or other Hispanic/Latino origin (Figure 3).⁶

According to a survey conducted by the Pew Hispanic Center the Hispanic/Latino population is a young population with a median age of 27 years old compared to the general U.S. population with a median age of 36.⁷

Figure 2

Census 2000: Top 10 States by Hispanic Percent Change Since 1990



THE HISPANIC/LATINO POPULATION IS A YOUNG POPULATION WITH A MEDIAN AGE OF 27 YEARS.



This report sheds light on the problem of tobacco use in the Hispanic/Latino community and the social, educational, cultural and health issues it affects. In addition, it provides recommendations for data collection, research, policies and programs designed to reach this community in a culturally and linguistically appropriate manner in order to reduce youth initiation, promote cessation and protect communities from environmental tobacco smoke.

Hispanic/Latino Adult Smoking Patterns

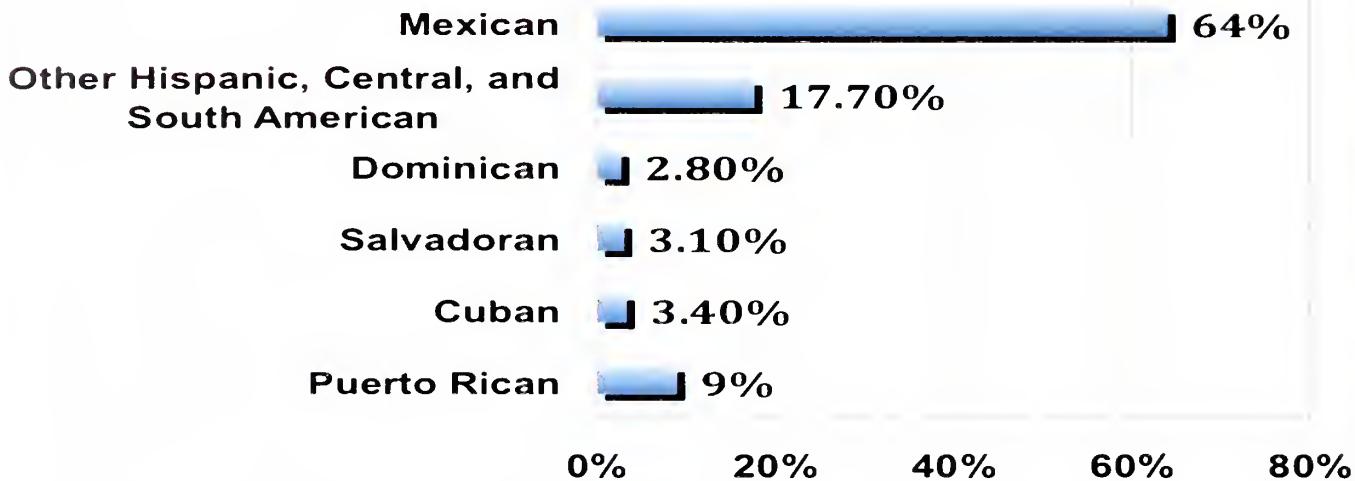
Prevalence of Tobacco Use

According to the Center's for Disease Control and Prevention (CDC), an estimated 20.9% of U.S. adults currently smoke cigarettes and Hispanic/Latino smoking prevalence is 16.2%. American Indians/Alaska Natives have the highest adult smoking prevalence rate (32%) followed by non-Hispanic whites (21.9%), African Americans (21.5%) and Asian Americans (13.3%) though for some subgroups is much higher (Figure 4).⁸ Also, Smoking prevalence among Puerto Ricans living in Puerto Ricans is lower (11.6%) than in the continental US (18.4%), and also Puerto Rico has a lower smoking prevalence than all Hispanics residing in the US (15.7%).⁹

ACCORDING TO THE CDC, PUERTO RICANS AND CUBAN AMERICANS LIVING IN THE CONTINENTAL U.S. ARE MUCH MORE LIKELY TO BE HEAVY SMOKERS THAN OTHER HISPANIC GROUPS.

Figure 3

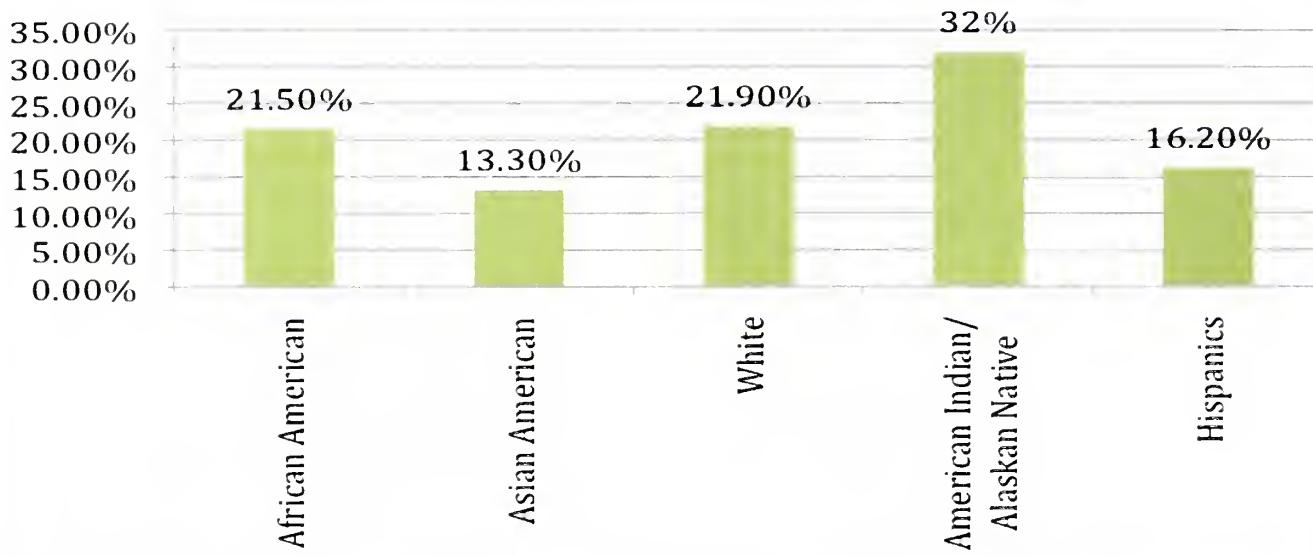
Hispanic Population in the U.S.



According to the Behavioral Risk Factor Surveillance System (BRFSS), 14.5% of the adult population in Puerto Rico reported cigarette smoking in 1996, 12.2% in 2007 and just 11.6% in 2008.¹⁰ According to the CDC, Puerto Ricans and Cuban Americans living in the continental U.S. are much more likely to be heavy smokers than other Hispanic groups.¹¹ There are also gender differences that impact smoking prevalence. Hispanic/Latino men smoke almost twice as much as Hispanic/Latina women (21.1% versus 11.1%, respectively).¹²

Figure 4

Adult Smoking Prevalence by Ethnicity



Lesbian, Gay, Bisexual and Transgender (LGBT) Communities and Smoking Tobacco Use

Few studies have focused on smoking patterns among Adult Hispanic/Latinos and Hispanic/Latino Lesbian, Gay, Bisexual, Transgender (LGBT) communities. Approximately 38-50% of LGBT youth smoke compared to 28-35% of non-LGBT youth.¹³ Lesbians smoke approximately three times more than straight women.¹⁴ LGBT are 40-70% more likely to smoke than non-LGBT.¹⁵ Fewer lesbian, gay, bisexual and transgender smokers have made quit attempts (75% compared with 80% of all adults) even though more LGBT smokers believe that smoking increases their risk of diseases such as lung cancer and heart disease.¹⁶

In a statewide, household-based study of the Lesbian, Gay and Bisexual (LGB) population, the result suggest that Hispanic/Latino gay men and lesbians in California had higher rates of smoking than the general population. The results also indicate that there were significant differences in smoking rates after control for key demographic variables (age, education level, race/ethnicity, and income) among lesbians. Among self-identified lesbians, 28.8% smoked, 26.9% of bisexual women, and 43.6% of Women who have Sex with Women (WSW) in comparison to 12% within the general population.¹⁷

FEWER LESBIAN, GAY, BISEXUAL AND TRANSGENDER (LGBT) SMOKERS HAVE MADE QUIT ATTEMPTS (75% COMPARED WITH 80% OF ALL ADULTS) EVEN THOUGH MORE LGBT SMOKERS BELIEVE THAT SMOKING INCREASES THEIR RISK OF DISEASES SUCH AS LUNG CANCER AND HEART DISEASE.

The same California study reported that Hispanic/Latino gay men under the age of 45 and with incomes less than \$30,000 or more than \$75,000 had higher smoking rates. A total of 19.7% of men in the general population were smokers, as compared with 27.3% of gay men in the sample.¹⁸

Light and Intermittent Smoking

Not a lot of is known about light and intermittent smoking but recent research data has revealed that Hispanic/Latino smokers tend to be low-frequency daily smokers (less than 5 cigarettes per day) or non-daily smokers. This smoking trend is important because it impacts tobacco dependence and cessation among Spanish-speaking Hispanic/Latino smokers, a subgroup with high prevalence.¹⁹ Hispanic/Latino smokers were three times more likely to smoke intermittently and over four-and-a-half times more likely to smoke five or fewer cigarettes per day as compared to non-Hispanic whites.²⁰ African American, Asian Pacific Islander, and Hispanic/Latino smokers were more likely to be intermittent and light daily smokers compared with non-Hispanic Whites, even after controlling for age, gender, and education level.²¹

A California study found that over 70% of Hispanic/Latino current smokers in California are low-frequency smokers: they either do not smoke daily or smoke only 5 or less cigarettes per day.²² The authors concluded that interventions should capitalize on the social norms that appear to operate

in Hispanic/Latino smokers and that messages should be framed that emphasize how every cigarette can hurt and encourage complete cessation.

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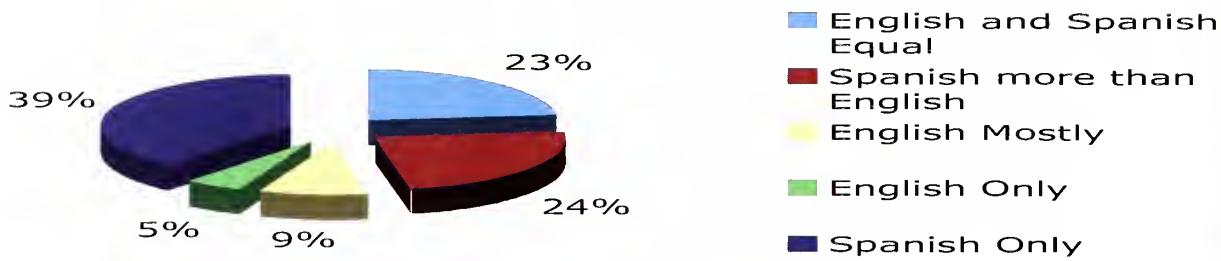
Menthol Cigarettes

The main goal of the tobacco industry is to maintain current smokers and recruit new smokers through innovative marketing strategies and product appeal. Tobacco industry documents revealed that the level of menthol in cigarettes elicits differences in consumer perception.²³ Furthermore, tobacco companies researched how controlling menthol levels could increase brand sales among specific groups.²⁴ Because of these industry tactics in Latino and African American communities and that mentholated cigarettes are reported to be "smoother" and easier to smoke, they are the "starter" cigarettes for youth. Data in Maryland shows that more than half of currently smoking youth 18 years and younger in all ethnic groups report menthol cigarette use. That is, one in two youth. Girls have higher rates than boys.²⁵

According to data from the National Survey on Drug Use and Health, 2002-2007, 10.1 million Whites smoke menthol cigarettes compared to 5.3 million African Americans and 2 million Hispanic/Latinos.²⁶ These surveys also showed that 77.3% of African American smokers use menthol cigarettes compared to 29.8% Hispanic/Latino and 23.2% White smokers.²⁷ Furthermore, these surveys showed that 12-17 year old Hispanic/Latinos were more likely to use menthol cigarettes compared to all other age groups (18-65+ years) Hispanic/Latino smokers.²⁸

A recent study examined the quit rates among African American and Latino menthol and non-menthol cigarette smokers enrolled in a smoking cessation program.²⁹ The study showed that there was a higher proportion of African American and Latino menthol cigarette smokers compare with Whites (non-Latino) who enrolled in the smoking cessation program. African American and Latino menthol smokers had the lowest quit rates (18% and 36% respectively) at 6-month follow-up.³⁰

Figure 5 Nationally, the majority of Hispanics continue to prefer Spanish



This study also showed that African American and Latino menthol smokers smoked few cigarettes per day compared with non-menthol smokers.

Acculturation & Gender Issues

Is acculturation making Hispanic/Latinos sick? Research has shown that acculturation plays a major role in health behaviors of immigrant populations throughout the United States. The continuum of acculturation leads to behavior changes and can ultimately lead to psychological and sociocultural adaptations. Overall, as Hispanic/Latinos acculturate their health habits begin to mirror that of non-Hispanic Whites. Acculturation level is a longitudinal process and is likely to impact lifestyle, health outcomes, food security, feelings of depression, lack of leisure time and frequency of physical activity.

Although Hispanic/Latina women have the second lowest smoking prevalence rate (11.1%), as they acculturate into the dominant culture, their smoking patterns begin to increase to that of non-Hispanic Whites. A study showed that as women begin to acculturate, their smoking prevalence increases and that women in low acculturation groups had significantly lower prevalence rates for both smoking and total tobacco use.³¹

Another study looked at the differences in smoking prevalence in terms of Hispanic/Latino women who speak mostly English at home compared to those who speak mostly another language. The results showed that the current smoking prevalence between Hispanic/Latino women who spoke mostly English at home versus those who spoke mostly

another language (e.g. Spanish) was more than double.³² Seventy-eight percent of Hispanic/Latinos aged 5 and older speak Spanish at home.³³ Nationally, the majority of Hispanic/Latinos continue to prefer spanish (figure 5).

Hispanic/Latino Tobacco-Related Mortality Trends

The evidence that smoking kills is overwhelming and cigarette smoking is the leading preventable cause of death in the United States.³⁴ In the U.S., cigarette smoking is responsible for about one in five deaths annually, or about 443,000 deaths per year.³⁵ Unfortunately, lung cancer is the leading cause of cancer deaths among Hispanic/Latinos.³⁶ Deaths from lung cancer are 2.3 times as high for Hispanic/Latino men (33.4 per 100,000 persons) as they are for Hispanic/Latina women (14.3 per 100,000).³⁷ According to the National Cancer Institute, three of the four leading causes of death among Hispanic/Latinos are related to smoking (cancer, stroke and heart disease). Unfortunately, data on the Hispanic/Latino population subgroups is almost nonexistent. What we do know is that for Hispanic/Latino males, deaths rates for lung cancer are highest among Cuban-Americans, followed by Puerto Ricans and then Mexican-Americans.³⁸

In the American region, Puerto Rico (PR) has the highest incidence of oral and pharyngeal cancer (OPC).³⁹ Risk factors for OPC include tobacco and alcohol consumption.⁴⁰ In 2002, men had a higher incidence rate of OPC than women in South and North America. The highest incidence of OPC was among men in Brazil. In the Caribbean, Puerto Rican men showed the highest incidence followed by Cuba and the incidence of OPC in women in

UNFORTUNATELY, DATA ON THE HISPANIC/LATINO POPULATION SUBGROUPS IS ALMOST NONEXISTENT.

Puerto Rico was lower when compared with other Western Hemisphere countries such as the USA and Cuba. OPC is the fifth most common cancer type in Puerto Rico among men and the sixth most common cause of mortality in this group.⁴¹

Recommendations

Policy

- Support increases in state and federal taxes on tobacco products.
- Utilize tax income from these tax hikes to increase tobacco prevention, cessation and control efforts in Latino communities.
- Eliminate the sale of cigarettes in all Tax Free stores, the DOD's PXs and in border communities in order to reduce access to cheap cigarettes.
- Support strict regulation of all tobacco products by the FDA including cigars, cigarillos, menthol cigarettes, and all new tobacco products.
- Eliminate vending machines from all settings.

Secondhand Smoke

- Support comprehensive state and local Clean Indoor Air legislation and ordinances that include casinos, bars, restaurants and all indoor work places.
- Support local and state policies to achieve that all workplaces become smoke-free including construction sites, agricultural sites, landscaping sites, mining and other outdoor-based activities.
- Support local and/or state ordinances that create smoke-free parks, beaches, bus stops, cars, vehicles used for work purposes, fairgrounds, amusement parks, entertainment venues, stadiums, ballparks, rodeos, prisons, juvenile detention centers, immigration centers, homeless shelters, and all places where people congregate.
- Support smoke-free multiunit housing construction and regulation of apartments built with state or federal funds.
- Support smoke-free multi-unit apartment dwellings and rental properties.
- Promote model advocacy campaigns such as "Regale Salud" to help community organizations or community groups address secondhand smoke issues in multi-unit

housing. The Regale Salud Toolkit is available at www.tecc.org.

- Support policies to assure that all substance abuse treatment settings are smoke-free and incorporate smoking cessation as integral to their substance abuse addiction protocols.

Data Collection

- Collect disaggregated data by Hispanic/Latino ethnic subgroups in all federal, state and local governments surveys (BRFSS, NYTS, ATS, NHANES, NHIS, CPS, MTFS, NHSDA, YTS, PRAMS, etc.) Mexican Americans, Puerto Ricans, Cuban, Central and South Americans and further disaggregated by localities with other large populations such as Dominicans, Salvadorans, Colombians, etc. When sample numbers are too small, additional surveys should be conducted.
- Collect primary language data in accordance with recommendations made by The Institute of Medicine report released August 31st, 2009, Race, Ethnicity, and Language Data: Standardization for Health Care Quality Improvement, available at <http://iom.edu/datastandardization>.
- Collect LGBT data in all surveys and assure that this data is collected also by Hispanic/Latinos.
- Collect data by Hispanic/Latino subgroups and primary language in all health care providers interventions including community health centers, Quitlines & other cessation providers.
- Collect and report all Puerto Rico's data as part of the Latino data collected by the US Census Bureau. In states with large Puerto Rican communities, special efforts need to be made to collect their data and correlate it to the Puerto Ricans living in the Island.
- Include in all surveys the question of "low and intermittent smokers", "how many cigarettes do you smoke per day?"
- Conduct special surveys with Hispanic/Latinos of Afro-Latino and Indigenous heritage in order to identify patterns and design specific prevention and cessation program for these populations.
- Conduct comprehensive surveys to analyze how Federal and Puerto Rican based policies have impacted tobacco prevalence rates and illnesses in Hispanic/Latino populations.

Research

- Research needs to be conducted in a culturally and linguistically appropriate manner. Training is needed for non-minority researchers in appropriate research methodologies.
- Research is needed to understand the differences between Latinos from the first, second, and third generations to determine how acculturation plays a role on smoking behavior and promising practices to reach the various groups.
- Because of high school drop out rates among Latinos, special surveys need to be conducted with young adults to capture the smoking rate of this at risk population.
- Fund research to collect data by occupation in order to target interventions, specifically in the following industries: construction, hospitality, casino, landscaping, agriculture and services where Hispanic/Latinos are over-represented and on specific Hispanic/Latino groups at risk such as migrant workers, young pregnant women, second and third generation youth and the elderly.
- Fund state and national studies to examine low-frequency, low and intermittent Hispanic/Latino smoker patterns and what prevention messages and cessation services will change this norm.
- Provide funding to evaluate promising practices so that they can be replicated and turned into CDC certified best practices.
- Fund research that links tobacco and other chronic diseases such as diabetes, heart disease, asthma, mental health issues, HIV/AIDS and obesity in Latino communities.
- Fund grants for local groups to carry out "local tobacco prevention and control" efforts that can be replicated and supported in the various Hispanic/Latino communities.

Prevention

- Create, identify, disseminate and fund the implementation of prevention programs and materials geared toward serving Latino families as units, in various settings: schools, day care centers, after-care programs, colleges and universities, vocational schools, and all educational settings and institutions.
- Assure that there are effective tobacco prevention curricula integrated into the school curriculums, so as to assure that this topic will not be cut, and institutionalize prevention especially in middle schools.
- Fund leadership training and capacity building for tobacco prevention and control at the local level so that communities can effectively

engage in supporting tobacco policies such as higher and smoke-free air ordinances.

- Incorporate tobacco addiction and cessation curriculum in all medical, dental, nursing and all allied health professions schools, making it a requirement for certification and quality.
- Fund culturally and linguistically appropriate multi-media campaigns, materials and messages to inform about industry tactics and the dangers associated with tobacco use, including "harm reduction" options offered by the tobacco industry and secondhand smoke.
- Fund "promotora" programs (community health workers) to take the tobacco prevention, cessation, and control messages and programs to the community and advocate for change.

Cessation

- Support the incorporation of cultural and linguistically appropriate services in all QUITLINE services and all cessation services provided by health care providers and/or community health organizations and/or individual providers.
- Support inclusion of counseling and comprehensive cessation services in all private and public health insurance plans.
- Provide free and/or reduced NRT and/or medications to all of those who wish to use them to quit smoking.
- Review the Public Health Guidelines in light of the high rate of Hispanic/Latinos who are low and intermittent smokers.
- Fund locally based cessation services at community-based organizations, community health clinics and Hispanic/Latino and minority and/or all providers who serve Latino communities.
- Fund multi-media campaigns in Spanish and English, including TV ads to promote cessation and the value of quitting.
- Include tobacco education and cessation interventions as part of the "quality control" measures for all health care professionals and health care services.
- Include tobacco questions in the Electronic Medical Records and/or Health Records of all patients.
- Include in all cessation surveys and Quitlines DMS if people smoke mentholated cigarettes, "low and intermittent" smoking and questions on "dual usage" of cigarettes and other products, including the use of cigarettes and nicotine replacement therapy.

References

1. Map Source: Hispanic Americans By the Numbers, *From the U.S. Census Bureau*. Retrieved on August 17, 2009 from <http://www.infoplease.com/spot/hhcensus1.html>).
2. Ibid.
3. U.S. Census Bureau. Caraballo, R.S., Roland, M., Babb, S., Dixon M., Dhillon I., Gupta, N., Maya, S., Torres, D. Office of Smoking and Health, Centers for Disease Control. Presentation: Findings From an Expert Panel on Tobacco Control Among Hispanic/Latinos: Opportunities for Programs, Research, and Communications. San Francisco, CA., November 2002.
4. Pew Research Center, US. Population Projections: 2005-2050.
5. Retrieved on September 17, 2009 from [http://factfinder.census.gov/servlet/DatasetMainPageServlet?program=ACS&submenuld=&lang=en&ts=\) U.S. Census Bureau, 2005-2007 American Community Survey\).](http://factfinder.census.gov/servlet/DatasetMainPageServlet?program=ACS&submenuld=&lang=en&ts=) U.S. Census Bureau, 2005-2007 American Community Survey).)
6. Hispanic Americans By the Numbers, *From the U.S. Census Bureau*. Retrieved on August 17, 2009 from <http://www.infoplease.com/spot/hhcensus1.html>).
7. Statistical Portrait of Hispanics in the United States, 2007, March 2009. Retrieved on August 17, 2009 from <http://pewhispanic.org/factsheets/factsheet.php?FactsheetID=46>)
8. Centers for Disease Control and Prevention. [Tobacco Use Among Adults—United States, 2005](#). Morbidity and Mortality Weekly Report [serial online]. 2006;55(42):1145-1148 [accessed 2007 May 10].
9. Behavioral Risk Factor Surveillance System. Centers for Disease Control, 2008 <http://www.cdc.gov/brfss/>.
10. Ibid.
11. Centers for Disease Control and Prevention. National Center for Health Statistics. National Health Interview Survey, 1965-2006. Calculations for 1997-2006 were performed by the American Lung Association Research and Program Services Division using SPSS and SUDAAN software.)
12. Centers for Disease Control and Prevention. [Tobacco Use Among Adults—United States, 2005](#). Morbidity and Mortality Weekly Report [serial online]. 2006;55(42):1145-1148 [accessed 2007 May 10].
13. National Youth Advocacy Coalition (2005). FREE: Friends, for Real, Educating and Empowering)
14. California Lesbian, Gay, Bisexual, and Transgender Tobacco Use Study, 2004)
15. Ryan H, Wortley PM, Easton A, Pederson L, Greenwood G. Smoking among lesbians, gays, and bisexuals: a review of the literature. *American Journal of Preventive Medicine*. Aug 2001;21(2):142-149. Center for Health Policy Research at the University of California Los Angeles. <http://www.lgbtpartnership.org/didyouknow.html>. Accessed May 23, 2005.
16. Harris Interactive. Gays and Lesbians More Likely to Smoke than Other Adults Despite Risks. <http://www.harrisinteractive.com/news/allnewsbydate.asp?NewsID=289>. Accessed May 23, 2005.)
17. Gruskin, et.al., Disparities in Smoking between the Lesbian, Gay, and Bisexual Population and the General Population in California, Research and Practice, August 2007, 1496-1502
18. Gruskin, et.al., Disparities in Smoking between the Lesbian, Gay, and Bisexual Population and the General Population in California, Research and Practice, August 2007, 1496-1502)
19. Reitzel L.F., Costello T.J., Mazas C.A., et al. Low-level smoking among Spanish speaking Latino smokers: Relationships with demographics, tobacco dependence, withdrawal, and cessation. *Nicotine & Tobacco Research*, Vol. 11, No. 2, pp. 178-184, February 2009.)
20. Trinidad D.R., Perez-Stable, E.J., White M.M., Grana R.A., and Messer, K.S. Intermittent and light daily smoking across racial/ethnic groups in the United States. *Nicotine and Research*, Vol. 11, No. 2, pp. 203-210, February 2009.)
21. Trinidad D.R., Perez-Stable, E.J., White M.M., Grana R.A., and Messer, K.S. Intermittent and light daily smoking across racial/ethnic groups in the United States. *Nicotine and Research*, Vol. 11, No. 2, pp. 203-210, February 2009.)
22. Zhu SH, Pulvers K, Zhuang Y, Baezconde-Garbanati L. Most Latino smokers in California are low-frequency smokers. *Society for the Study of Addiction*, 102 (Suppl 2), 104-111, 2007.)
23. Kreslake J.M., Wayne G.F., Alpert H.R., Koh H.K., Connolly G.N. Tobacco Industry Control of Menthol in Cigarettes and Targeting of Adolescents and Young Adults. *Research and Practice*, Vol. 98, No. 9, pp. 1685-1692, September 2008.)

References

24. Ibid.

25. Source Fact sheet prepared by the Tobacco Control Evaluation Program (contract number: OPASS-8-9738G). Last Modified: March 13, 2009. For more information, contact the Program Director: Olivia Carter-Pokras, Ph.D. Associate Professor. Department of Epidemiology and Biostatistics. University of Maryland School of Public Health, 1240D SPH Bldg. College Park, MD 20742. Phone: 301-405-8037, Fax: 301-314-9366, opokras@umd.edu

26.sda

27.sd

28.as

29. Gandhi K.K, Foulds, J., Steinberg M.B., Lu, S.E., and Williams J.M. Lower quit rates among African American and Latino menthol smokers at a tobacco treatment clinic. *The International Journal of Clinical Practice*, 2009 Blackwell Publishing Ltd.

30. Ibid.

31. Centers for Disease Control and Prevention. Tobacco Use Among Adults—United States, 2005. Morbidity and Mortality Weekly Report [serial online]. 2006;55(42):1145-1148 [accessed 2007 May 10].

32. Trinidad DR, Gilpin EA, Messer, K, White MM, Pierce JP. Trends in Smoking Among Hispanic Women in California – Relationship to English Language Use. *American Journal of Preventive Medicine*, 2006; 31(3):257-260.)

33. Hispanic Americans By the Numbers, From the U.S. Census Bureau. Retrieved on August 17, 2009 from <http://www.infoplease.com/spot/hhmcensus1.html>

34. Centers for Disease Control and Prevention. Annual Smoking-Attributable Mortality, Years of Potential Life Lost, and Productivity Losses—United States, 1995–1999. Morbidity and Mortality Weekly Report [serial online]. 2002;51(14):300–303 [accessed 2009 Mar 31].)

35. Ibid.

36. U.S. Department of Health and Human Services. Tobacco Use Among U.S. Racial/Ethnic Minority Groups—African Americans, American Indians and Alaska Natives, Asian Americans and Pacific Islanders, and Hispanics: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 1998 [accessed 2007 May 10].

37. National Center for Health Statistics. Health, United States, 2002 with Chartbook on Trends in the Health of Americans. Table 40, pp. 151-153. Hyattsville, MD: Centers for Disease Control and Prevention, National Center for Health Statistics, 2002 [accessed 2007 May 10].

38. U.S. Department of Health and Human Services. Tobacco Use Among U.S. Racial/Ethnic Minority Groups—African Americans, American Indians and Alaska Natives, Asian Americans and Pacific Islanders, and Hispanics: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 1998 [accessed 2007 May 10].

39. Suarez, E., Calo,W.A., Hernandez, E.Y., Diaz, E.C., Figueroa N.R. and Ortiz,A.P. Age-standardized incidence and mortality rates of oral and pharyngeal cancer in Puerto Rico and among Non-Hispanic Whites, Non-Hispanic Blacks, and Hispanics in the USA. *BioMed Central Cancer*, 2009, 9:129.

40-41. Ibid.

For additional information about the National Latino Tobacco Control Network, please visit our website at <http://latinotobaccocontrol.org/> or contact us at National Latino Tobacco Control Network | Indiana Latino Institute | 445 N. Penn, Suite 800 | Indianapolis, IN 46204 | 317.472.1055



www.LatinoTobaccoControl.org

Building healthier
Latino communities by
reducing tobacco use

Desarrollando comunidades y espacios
libres de tabaco para la salud de las
comunidades latinas

NATIONAL NETWORKS FOR TOBACCO CONTROL AND PREVENTION

The Centers for Disease Control and Prevention Office on Smoking and Health funds selected organizations to lead six networks (www.tobaccopreventionnetworks.org). These national networks educate, mobilize, and connect communities in an effort to strengthen tobacco control initiatives for specific populations. The specific populations and corresponding networks are:

African American — National African American Tobacco Prevention Network
www.naatpn.org

American Indian / Native Alaskan — National Native Commercial Tobacco Abuse Prevention Network
www.keepitsacred.org

Asian / Pacific Islander — Asian Pacific Partners for Empowerment, Advocacy and Leadership (APPEAL PROMISE)
www.appcalforecommunities.org

Hispanic / Latino — National Latino Tobacco Control Network (NLTCN) Latinos Saludables Sin Tabaco
www.latinotobaccocontrol.org

Lesbian / Gay / Bisexual / Transgendered / Queer — National LGBTQ Tobacco Control Network
www.lgbttobacco.org

Low Socio-Economic Status — Break Free Alliance
www.healthedcouncil.org

THE NATIONAL LATINO TOBACCO CONTROL NETWORK

NLTCN started operating in July 2008 through a five year cooperative agreement as part of the National Network Initiative. The Network's goals are to become an effective catalyst, build leadership, inform, energize and support a National Network of tobacco control experts and activists working with Latino communities, states and coalitions to address the health burdens created by tobacco consumption. NLTCN achieves its goals by promoting policies and programs that prevent youth initiation, increase quit rates and assure smoke-free environments, as well as training and supporting communities to achieve policy changes and de-normalize tobacco use.

The expertise of the NLTCN network is built upon the collaboration of organizations and agencies involved with comprehensive tobacco control policies and programs; promising and best practices; faith and health based community mobilization; publication of tobacco control outreach materials in Spanish and English; promotion of effective cessation programs; utilization of *Promotoras* (Health Promoters) for tobacco control; capacity building, training and technical assistance in local communities; participatory research, evaluations, assessments and analysis; as well as, youth mobilization and media advocacy.

Although NLTCN focuses on tobacco disparities affecting the Hispanic/Latino communities, our network is enriched by the efforts and accomplishments of all the other networks collaborating with the National Tobacco Control Program (NTCP) which includes OSAA, Network members, Network partners, States, and other local and national tobacco control organizations to advance the science and practice of tobacco control in the United States for all members of their populations.

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